

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

# Evidence for change of age of deceased is shown on

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09100

FILM No. I O 7 OCT 9 1946

### CERTIFICATE OF DEATH

Reg. Dist. No. 200

#### 1. PLACE OF DEATH:

 County Kent

 City or town Sassafras  
 (If outside city or town limits, write RURAL and give nearest town)

 How long in above place of death? 9 months

Hospital, institution, or street address where death occurred:

R. D. #1, Galt

How long in hospital or institution?

#### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State Pennsylvania County York

 City or town Sharon Hill  
 (If outside city or town limits, write RURAL and give nearest town)

 Street No. Charlton Ave  
 (If rural, give LOCATION)

2(a) If veteran, name war

#### 3. (a) FULL NAME

Annie Clark

#### 3. (b) Social Security Number

 4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Widow

 6. (b) Name of husband or wife Charles Clark

 7. Birth date of deceased (mo., day, yr.) Dec. 1, 1867 1859 8. AGE: Years 87 Months 8 Days 7 If less than one day hrs. min.

 9. Birthplace Kent Co. Md. (Town, county and state)

 10. Usual occupation Domestic

 11. Industry or business Own home

 12. Name Joseph Washington

 13. Birthplace Maryland

 14. Maiden name Rachel Thompson

 15. Birthplace Maryland

 16. Informant Mrs. Rachel Brown (Daughter)

 Address Sassafras, Md.

 17. Burial Date thereof 9/19/46 (month) (day) (year)

 Cemetery or crematory Mount Zion

 Location Sharon Hill Pa.

 18. Funeral director Arthur O. Carls

 Address Wilmington, Delaware

 19. Sept 10 19 46 (Date rec'd by registrar)

Edmund Talbot Registrar

#### MEDICAL CERTIFICATION

 20. DATE OF DEATH September 8 19 46 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 6 19 46 to Sept. 8 19 46

 and that I last saw her alive on Sept. 1 19 46

 Immediate cause of death Coronary Insufficiency

Due to

Due to

Due to

Due to

 Other conditions Chronic hypertensive heart disease
generous weather

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

 23. SIGNATURE James L. Johnson M.D.

 Address Sharon Hill Pa.

 Date signed 9/9/46

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SEP 12 1946  
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

Reg. Dist. No. 09101 201

## 1. PLACE OF DEATH:

County Kent  
 City or town Horton Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 1/2  
 Hospital, institution, or street address where death occurred:  
Smith's Review  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent  
 City or town Horton Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Southville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Calvin David Clothier

## 3. (b) Social Security Number

4. Sex m. 5. Color or race wh. 6.(a) Single, married, widowed, or divorced single  
 6.(b) Name of husband or wife -  
 6.(c) If alive, give age - years  
 7. Birth date of deceased (mo., day, yr.) September 5 1946  
 8. AGE: Years - Months - Days 5 If less than one day - hrs. - min.

9. Birthplace Horton Rd  
 (Town, county, and state)  
 10. Usual occupation -  
 11. Industry or business -  
 FATHER  
 12. Name Wm Clothier  
 13. Birthplace Kent Co, Md  
 MOTHER  
 14. Maiden name Mary Elmore  
 15. Birthplace Rock Hall, Md

16. Informant Wm C Clothier  
 Address Horton, Md  
 17. Burial Date thereof Sept 11 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Hester Chapel Cemetery  
 Location near Rt 1 Hall Rd  
 18. Funeral director B.R. Fellows  
 Address Still Pond Rd  
 19. Sept 17 19 46  
 (Date rec'd by registrar) Registrar J. M. Black

## MEDICAL CERTIFICATION

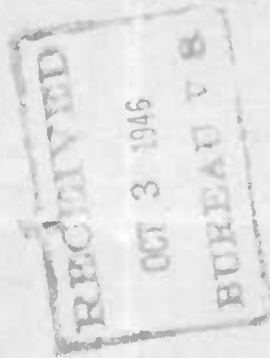
20. DATE OF DEATH September 10 1946 at 11 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 5 19 46, to Sept 10 19 46  
 and that I last saw h. - alive on 9-10 19 46

Immediate cause of death Prematurity 8 1/2 m.  
 Due to Fetus neonatorum  
 Due to -  
 Other conditions -  
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -  
 Autopsy results -  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide - Date of -  
 Where did injury occur? - (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) -  
 Means of injury - Injured at work? -

23. SIGNATURE Albert A Burgard  
Rock Hall, Md M. D. or other  
 Address - Date signed 9/10/46



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

## CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:  
County... Blount  
City or town... Rock Hall  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Marland County... Blount  
City or town... Rock Hall  
(If outside city or town limits, write RURAL and give nearest town)  
Street No...  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME  
Katherine M. Jones

3. (b) Social Security Number

4. Sex FEMALE 5. Color of race White 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife Jas. Jones

7. Birth date of deceased (mo., day, yr.) March 31, 1930

8. AGE: Years 16 Months 2 Days 21 If less than one day

9. Birthplace Rock Hall Md  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name James Richards

13. Birthplace Md

14. Maiden name Katherine Jones

15. Birthplace Md

16. Informant Mr. Ralph McQuinn

Address Rock Hall Md

17. (Burial, cremation, or removal, Which?) Burial Date thereof Sept 23 - 46  
(month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Rock Hall Md

18. Funeral director John L. Lane

Address Church Hill Md

19. Sept 23 - 1946 S. Elwood Burgess  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 19 46 at 4 P M

21. I CERTIFY that death occurred on the date above stated that I attended deceased from

Sept 21 at home

Immediate cause of death asphyxiation

Due to Stomach

Due to Acute

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations none

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident

Where did injury occur? Marland (City or town) Blount (County) Md (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury Stomach Injured at work? no

23. SIGNATURE John L. Lane M. D. or other

Address Church Hill Md Date signed Sept 23/46

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

## CERTIFICATE OF DEATH

09102

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County Kent  
 City or town Bentonsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 hrs  
 Hospital, institution, or street address where death occurred:  
Kent + New Anne Hospital  
 How long in hospital or institution? 5 hrs.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County New Anne  
 City or town Bentonsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION) ✓  
 2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

MIRIAM Middleton

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife James Middleton  
 7. Birth date of deceased (mo., day, yr.) June 8 - 1910 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 36 Months 3 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Bentonsville, Md  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Andrew Jones

13. Birthplace Pennsylvania

14. Maiden name Myrtle B. Barber

15. Birthplace Colorado - Md

16. Informant Andrew Jones

Address Bentonsville - Md

17. (Burial, cremation, or removal, Which?) Buried Date thereof Sept 19 - 46  
 (month) (day) (year)

Cemetery or crematory Chertwood

Location Bentonsville - Md

18. Funeral director Barton Bros

Address Bentonsville - Md

19. Sept 16 19 46 Clara S. Barnes  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16 19 46 at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-16 19 46 to 9-16 19 46 and that I last saw him alive on 9-16 19 46

Immediate cause of death 4<sup>th</sup> degree burn of total body surface except scalp and perineum  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 9-16-46  
 Where did injury occur? Centrals Trans Am. Rd  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) Home  
 Means of injury Explosion of oil can Injured at work? Yes

23. SIGNATURE A. C. Wick M. D. or other W.D.  
 Address Chertwood, Md Date signed 9-16-46

MAINE STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

09104

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County Kent  
 City or town Chestertown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 1/2 hours  
 Hospital, institution, or street address where death occurred:  
Kent and Queen Annes Hospital  
 How long in hospital or institution? 3 1/2 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County Queen Ann's  
 City or town Centreville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sharon Christene Middleton

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

## 9. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 2, 1946 8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 2 Months 14 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Centreville, Queen Anns, Md  
 (Town, county, and state)

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

FATHER 12. Name James Middleton  
 13. Birthplace Rock Hall - Md

MOTHER 14. Maiden name Miriam L. Jones  
 15. Birthplace Princess Anne - Md

16. Informant Mr Andrew Jones  
 Address Centreville - Md

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Sept 19-46  
 (month) (day) (year)  
 Cemetery or crematory Chestertown Cemetery  
 Location Centreville - Md

19. Funeral director Barton Bros  
 Address Centreville, Md

19. Sept 16 19 46 Clara S. Barnes  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16 19 46 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 16 19 46 to Sept. 16 19 46 and that I last saw him alive on Sept. 16 19 46

Immediate cause of death Head, arms, legs, body  
Head, arms, legs, body

## DURATION

4 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Dates of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-16-46  
 Where did injury occur? Centreville Queen Anns Md  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury Explosion of oil can Injured at work? No

23. SIGNATURE A. C. Dick, M.D.  
 Address Chestertown, Md Date signed 9-16-46

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

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SEP 18 1946

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

## CERTIFICATE OF DEATH

Reg. Dist. No. 203

## 1. PLACE OF DEATH:

County... Kent  
 City or town... Rock Hall Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 22 years  
 Hospital, institution, or street address where death occurred:  
Home  
 How long in hospital or institution?...

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent  
 City or town... Rock Hall Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Home  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

## 3. (a) FULL NAME

Edwin Smith

## 3. (b) Social Security Number

4. Sex... M. 5. Color or race... Wh. 6.(a) Single, married, widowed, or divorced... widowed

6.(b) Name of husband or wife... Leora H. Smith

7. Birth date of deceased (mo., day, yr.)... Oct 7 1875  
 6.(c) If alive, give age... years

8. AGE: Years... 70 Months... 11 Days... 1 If less than one day... hrs. ... min.

9. Birthplace... Philadelphia, Pa.  
 (Town, county, and state)

10. Usual occupation... Retired

11. Industry or business...

12. Name... Edwin Eyre Smith13. Birthplace... Philadelphia, Pa.14. Maiden name... Ma. Pole15. Birthplace... Philadelphia, Pa.16. Informant... George SmithAddress... Westport, Md.17. Burial Date thereof... Sept 11 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium... MagnoliaLocation... 76 Cony Philadelphia Pa18. Funeral director... Edgar L. LaneAddress... Columbia Hill Md.19. 9/9 19 46 S. Elwood Burgess

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... September 8 1946 at 11:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Aug 25 1946 to Sept 8 1946  
 and that I last saw him alive on 9-8 1946

Immediate cause of death... Erysipelas  
chronic - myocarditis

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Albert A. BurgardAddress... Rock Hall, Md. Date signed... 9/9/46

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SEP 16 1945

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